
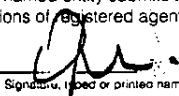
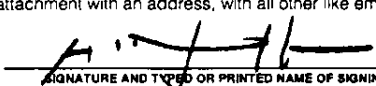


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 027 ***150.00

DOCUMENT # L16249			
1. Entity Name VISTAR SINO SERVICES, INC.			
Principal Place of Business 3095 S. A-1-A MELBOURNE BEACH, FL 32951		Mailing Address 3095 S. A-1-A MELBOURNE BEACH, FL 32951	
2. Principal Place of Business - No P.O. Box # 95 Pine Tree Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 510758 Suite, Apt. #, etc.	
City & State Indialantic, FL		City & State Melbourne Beach, FL	
Zip 32903	Country USA	Zip 32951	Country USA
6. Name and Address of Current Registered Agent MILLIUS, HIU YUEN 2227 ALBION AVE. ORLANDO, FL 32833		7. Name and Address of New Registered Agent Name Millius, Hiu Yuen Street Address (P.O. Box Number is Not Acceptable) 95 Pine Tree Drive City Indialantic FL Zip Code 32903	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  April 17, 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MILLIUS, HIU YUEN 3095 A1A HWY MELBOURNE BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Millius, Hiu Yuen 95 Pine Tree Drive Indialantic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TOLLMAN, WILLIAM M. 3095 S. A1A HWY MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Tollmann, William M 95 Pine Tree Drive Indialantic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		William M. Tollmann April 17, 2007 321-984-7543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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03072007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3082233 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required